



Express Mail Label # EB344907295US to USPTO at zip code 22313-1450 on 06/22/2007

- 1) Reply 29 pages.
- 2) Amended claims 4-30 on 7 pages.
- 3) PTO/SB/30 Request For Continued Examination-one page.
- 4) PTO/SB/21 Transmittal Form-one page.
- 5) PTO/SB/06 Patent Application Fee Determination Record-one page.
- 6) Check # 5225 in the amount of \$545.00 payable to Commissioner for Patents  
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GROUP ART UNIT: 3761.

EXAMINER Michael Bogart

IN RE: United States Patent Application Serial No. 10/730,297

APPLICANTS: Medindica-Pak, Inc/Jack W. Romano

TITLED: Method And Apparatus For Converting Supplies And Reducing Waste

FILED: 12/08/2003

I, Jack W. Romano do hereby certify that the foregoing documents are being deposited with the United States Postal Service as Express Mail, postage paid, in an envelope addressed to Mail Stop RCE, Commissioner for Patents, USPTO, Box 1450, Alexandria, VA 22313-1450.

Jack W Romano  
Name  
Jack W Romano  
Signature  
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Date of Deposit

On this day personally appeared before me Jack Romano known to be the individual described in and who executed the written and foregoing instrument, and acknowledged that (they, he, she) signed the same as either (their, his, her) free will and voluntarily act and deed, for the purposes therein mentioned.

Given under my hand and official seal this 22 Day of June 2007.

Signature

Printed Name  
Notary Public in the State of Washington  
Residing at: WA Washington  
My commission expires: 1-19-08



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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/70,297
Filing Date	12/08/2003
First Named Inventor	Jack W. Romano
Art Unit	3761
Examiner Name	Michael Bogart
Attorney Docket Number	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): RCE FEE 395.00 Claim fee 150.00 cert of express mail return receipt post card RCE, PTO/SB/06 fee record
<input type="checkbox"/> Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Medindica-Pak, Inc.		
Signature			
Printed name	Jack W. Romano		
Date	06/22/2007	Reg. No.	

### CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Jack W. Romano	Date	06/22/2007

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